

PROB 12B
(7/93)

United States District Court

for

District of New Jersey

**Request for Modifying the Conditions or Term of Supervision
with Consent of the Offender**

(Probation Form 49, Waiver of Hearing is Attached)

Name of Offender: Rony Revange

Cr.: 05-00690-002
PACTS No: 40496

Name of Sentencing Judicial Officer: Honorable Faith S. Hochberg, U.S. District Judge

Date of Original Sentence: 09/07/06

Original Offense: Conspiracy (Theft of Government Property and Bank Fraud)

Original Sentence: 24 months imprisonment; 3 years supervised release; \$100 special assessment; \$1,500 fine; \$51,000 restitution. Special conditions of financial disclosure, no new debt, cooperation with ICE, and DNA collection.

Type of Supervision: Supervised Release

Date Supervision Commenced: 05/13/10

PETITIONING THE COURT

- [X] To modify the conditions of supervision as follows. The addition of the following special condition(s):

You shall participate in a mental health treatment program (outpatient and/or inpatient) and follow the probation officer's instructions regarding the implementation of this Court directive. Further, you shall contribute to the costs of these services not to exceed an amount determined reasonable by the Probation Office's Sliding Scale for Mental Health Treatment Services.

CAUSE

The Middle District of Florida has contacted our office and requested a modification of conditions of supervised release to include mental health treatment. Revange is currently suffering from depression and wishes to participate in mental health counseling and/or treatment at the direction of the probation office.

Respectfully submitted,

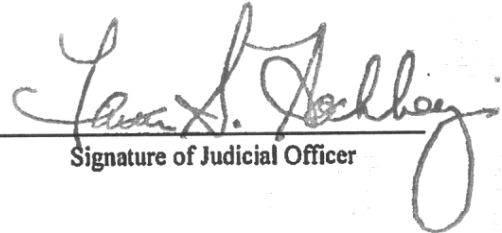


By: Anthony J. Nisi
U.S. Probation Officer
Date: 08/05/10



THE COURT ORDERS:

- ☒ The Modification of Conditions as Noted Above
- ☐ The Extension of Supervision as Noted Above
- ☐ No Action
- ☐ Other



Signature of Judicial Officer

8/5/2010

Date

PROB 49
(3/80)

United States District Court

District of New Jersey

Waiver of Hearing to Modify Conditions of Probation/Supervised Release or Extend Term of Supervision

I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any unfavorable change may be made in my Conditions of Probation and Supervised Release or my period of supervision being extended. By "assistance of counsel," I understand that I have the right to be represented at the hearing by counsel of my own choosing if I am able to retain counsel. I also understand that I have the right to request the court to appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel of my own choosing.

I hereby voluntarily waive my statutory right to a hearing and to assistance of counsel. I also agree to the following modification of my Conditions of Probation and Supervised Release or to the proposed extension of my term of supervision:

You shall participate in a mental health treatment program (outpatient and/or inpatient) and follow the probation officer's instructions regarding the implementation of this Court directive. Further, you shall contribute to the costs of these services not to exceed an amount determined reasonable by the Probation Office's Sliding Scale for Mental Health Treatment Services.

Witness:


U.S. Probation Officer

Signed: 

Probationer or Supervised Releasee

7/9/10 -
Date